

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		
O.I.P.E. CLASSIFIER		16	7/14/99
FORMALITY REVIEW	<i>[Signature]</i>	649.34	7.19.99 72899

### INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral) ..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1			11/18/02
2			11/18/02
3			11/18/02
4			11/18/02
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY